MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. 178 Primary Registration District No. ______Registrar's No. DO NOT WRITE ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1.. PLACE OF DEATH

V\$ 300	6	3			a. COUNTY Lewis a. STATE Missouri b. COUNTY Lewis admission	ın)	
Rev. 4/59		2	Н		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Lim	mits	
			Н		TOWN LA Belle TOWN LA Belle Yes € N	₩ 🗆	
0560		5	Н		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on ADDRESS	Farm	
20560_	DATE AMENDED	5			INSTITUTION Yes No Yes N	<u> </u>	
3			П	7	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Yes (Type or print) OF	ar	
4 -	1 1				Willie Virgil Henry DEATH March 21, 1963		
4_0	1 [Н		5. SEX 6. COLOR OR RACE 7. Married A Never Married B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 1 Wildows Diversed Div	R 24 HR Min.	
5 /	1 1			1 1	Male White Washed 2/26/1880 83 0 25 1		
6	اما				10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUND during most of working life, even if retired)	NTRY	
	≩				Retired America Telas U.S.A.		
7 /	FOLLOW			1 1	13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE		
8 -	요	-			Robert M. Henry Nana Bowling Minnie Chappell		
0	S				15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [(If yes, give war or date) [Yes, no, or unknown] [(If yes, give war or date)		
9420.1	삢		li		Mrs. Minnie Henry La Belle, Mo.		
10	₹			z	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	WEEN EATH	
		3		DOCUMENT	IMMEDIATE CAUSE (a) CONORMY thronberia Conset AND DI	m65	
11	102 1			区			
1290-2	F 12	2		ă	Conditions, if any; DUE TO (b)		
13/-0	THIS REC	-		-	shove cause (a), stating the under-lying cause last. DUE TO (c)		
	8	7					
	2		l l	1	disease condition given in PART I (a) there a pregnancy in last 9 Yes No U	Juknowii	
	Z.		1 1	1	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
	AMENDMENT]	PERFORMED?		
Z	AME				ZOC: TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
C INK RIBBON		1				TATE	
_ <u>₹</u>					WHILE AT WORK farm, factory, street, office bidg., etc.)		
A S E		2			10 G 1962 man 21 19125 - man P 21 1965	3	
BLACK OR RITER R	فا	<u>.</u>	.		I I I I I I I I I I I I I I I I I I I		
₩ ∑	=	3					
USE BLAC OR TYPEWRITER	CHOILD DEAD	5		II OF	22a. SIGNATURE (Lalph // Wing De Labelli, Messouri Mars		
-			\vdash	AFFIDAVIT	23a. BURIAL CREMATION 23b. DATE 2c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	\neg	
		2		먎	REMOVAL (Specify) Burial 3/24/1963 La Belle Cemetery La Belle, Missouri		
.,	2	5		Ž	FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		
	<u>=</u>			6	Alleder A. Latselle, Mo. 3-25-63 Mrs. Henry Lloyd		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

	is recorded on the reverse side of this certificate was embalmed by me, Musell Student Embalmer No.
or by	Student Embairner No.
StudentSignature of Student Embalmer	Signed Ploder V.
	Licensed Embalmer No. 432 P. O. Address A Relle, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.